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## APPLICANTS

James P. Karlen, Bethel, OH;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/257,232 12/21/2000 *Yes* *KT 08/06/09*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 02/13/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials _____	OH	24	1	1

## ADDRESS

24256  
 DINSMORE & SHOHL, LLP  
 1900 CHEMED CENTER  
 255 EAST FIFTH STREET  
 CINCINNATI, OH  
 45202

## TITLE

STOWAGE AND RETRIEVAL SYSTEM

FILING FEE  RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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